



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ANESTHESIA ALLIANCE OF DALLAS PA
4275 LITTLE ROAD SUTIE 202
ARLINGTON TX 76016

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-4105-01

MFDR Date Received

JULY 14, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Code 31575 was used to report a special form of fiberoptic intubation, which is above and beyond the normal scope of anesthesia. Due to the difficulty of intubation the anesthesiologist was required to use a glidescope to place in the airway for anesthesia. The patient had a restricted airway and could not have been intubated under the normal protocol."

Amount in Dispute: \$140.52

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this request for medical fee dispute resolution.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 17, 2011	CPT Code 31575-59	\$140.52	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, 33 TexReg 626, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- Z551-This charge was reviewed/reduced according to payer's instructions.
- VA13-This procedure is included in another procedure performed on this date.
- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

Issues

1. Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the respondent reduced the payment for the services rendered on March 17, 2011 based upon reason codes "VA13 and 97."

On the disputed date of service the requestor billed CPT codes 00670-AA, 99135-59, and 31575-59.

CPT code 31575 is defined as "Laryngoscopy, flexible fiberoptic; diagnostic."

The Anesthesia report indicates "Fiberoptic intub."

CPT code 31575 is a surgical procedure for examination of the larynx. The Anesthesia report does not support billing of service.

The requestor states in the position summary that "Code 31575 was used to report a special form of fiberoptic intubation, which is above and beyond the normal scope of anesthesia. Due to the difficulty of intubation the anesthesiologist was required to use a glidescope to place in the airway for anesthesia. The patient had a restricted airway and could not have been intubated under the normal protocol."

According to National Correct Coding Initiatives Edits, Chapter 2, states:

Anesthesia HCPCS/CPT codes include all services integral to the anesthesia procedure such as preparation, monitoring, intra-operative care, and post-operative care until the patient is released by the anesthesia practitioner to the care of another physician. Examples of integral services include, but are not limited to, the following:

- Placement of airway (e.g., endotracheal tube, orotracheal tube).
- Laryngoscopy (direct or endoscopic) for placement of airway (e.g., endotracheal tube).

The Division finds that the documentation does not support the billing of examination of larynx, and that the laryngoscopy for placement of airway is integral to the anesthesia services. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

6/26/2013

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.